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(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/090,183	03/02/2002	Ralph A. Reisfeld	TSRI 829.0	4743

TITLE OF INVENTION: DNA VACCINE AGAINST PROLIFERATING ENDOTHELIAL CELLS AND METHODS OF USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BURKHART, MICHAEL D	1633	424-200100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Scripps Research Institute

LaJolla, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
 Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Talivaldis Cepuritis

Date June 26, 2006

Typed or printed name Talivaldis Cepuritis

Registration No. 20,818

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OF COUNSEL

EXPRESS MAIL NO. EL 512312698US

June 26, 2006

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**Re: Patent Appln. of: Ralph A. Reisfeld et al.
Application Serial No. 10/090,183
Filed: March 2, 2002**

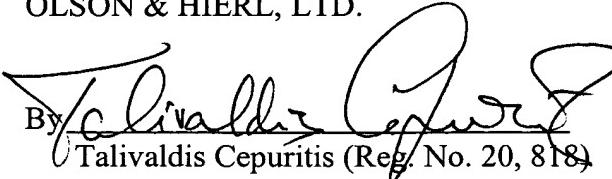
Dear Sir:

Transmitted herewith are the Issue and Publication Fees for the above-identified patent application together with Patent Office Form No. PTOL-85. The Total Fees being transmitted amount to \$1,700.00.

Please charge any additional fees concerning this matter to our Deposit Account No. 15-0508.

Very truly yours,

OLSON & HIERL, LTD.

By 
Talivaldis Cepuritis (Reg. No. 20, 818)

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